

INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

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LT. GOVERNOR

January 9, 2009

Dawn Tuttle, Executive Director
RidgeView Assisted Living
2975 F Ave NW
Cedar Rapids, IA 52405-2949

RE: Final Recertification Monitoring Evaluation Report, RidgeView Assisted Living, Cedar Rapids, IA

Dear Ms. Tuttle:

The Department of Inspections and Appeals (DIA) has completed the review of your Plan of Correction (POC) in response to the **Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiency, DIA accepts your POC. The Final report is enclosed.

The review of the recertification documents you submitted has also been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate with effective dates of **January 18, 2009 through January 17, 2011**. If you have any questions regarding this certification, please contact me at 515/281-4116.

Sincerely,



Chris Nothafft
Certification Coordinator – Eastern Iowa
Adult Services Bureau

Enclosure

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**Iowa Department of Inspections and Appeals
Assisted Living Program
Final Recertification Monitoring Evaluation Report**

Assisted Living Program:

Dawn Tuttle, Executive Director
RidgeView Assisted Living
2975 F Ave NW
Cedar Rapids, IA 52405-2949

Date of Monitoring Visit:

December 8, 2008

Monitor(s):

Stephanie Cummins, MA

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to, and approved by, the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are rule violations [321 IAC 25.8(3)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Recertification Monitoring Evaluation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under this chapter that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing specialized care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An on-site monitoring evaluation was conducted at Ridgeview Assisted Living on December 8, 2008. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	33
Current number of tenants with cognitive disorder:	2
Total Population:	35

Dementia Specific Program (DSP)* – Not applicable.

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Tenant/Family Satisfaction Results – A community meeting with four tenants and three tenant interviews were held. The tenants do not have any concerns with housekeeping or laundry and they state maintenance issues are handled promptly. They describe staff as nice and excellent. Tenants state their needs are getting met and staff responds quickly when they call for assistance. One tenant states the program is selective in terms of who they hire. They state the food is improving and describe it as pretty good. The temperature of the food, at times, could be improved; however, they state staff will warm food, if requested. One tenant requests more soup be served at meals. Another tenant states communication with the tenants could be improved via the bulletin board. Tenants receive an activity calendar; however, one tenant states the calendar is not always accurate. There are sufficient activities offered and one tenant states there are “activities all over the place.” Tenants enjoy Bingo, exercises and musical programs. They feel safe and state the fire drills go more smoothly now. Tenants make their own decisions and a nurse is available and accessible. They are satisfied living at the program and would recommend it to others.

Program History – There have been no substantiated Regulatory Insufficiencies this certification period.

On-Site Monitoring Evaluation – The monitor(s) made the observations detailed in the following areas.

A. Food Service – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

Monitoring Observation: Review of staff files indicates Staff #2, #3 and #4 serve food; however, do not have appropriate food safety training. Staff #2 did not have an annual training on food protection. Staff #3 and #4 did not have an orientation on sanitation and safe food handling prior to handling food. The monitor observed the lunch meal and observed appropriate protocol for serving food.

- Regulatory Insufficiency: The program did not consistently provide personnel who are employed by or contracted with the program and who are responsible for preparing or serving food, or both preparing and serving food, have an orientation on sanitation and safe food handling prior to handling food and have an annual in-service training on food protection. (25.32(5))

Dated this 9th day of January, 2008.